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(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/587,268	07/26/2006	Hiroaki Takaiwa	128865	8388	

TITLE OF INVENTION: IMMERSION EXPOSURE APPARATUS AND DEVICE MANUFACTURING METHOD WITH LIQUID DETECTION APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/21/2011		
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS	06/21/2011 SMOHAMM1 00000046 10587268				
LIU, MICHAEL		2882	355-030000			1510.00 OP 300.00 OP		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attor	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Nikon Corporation Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patent):								
	are submitted: No small entity discount p	permitted)	 D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Ck#238220 (\$1810) □ Payment by credit card. Form PTO-2038 is attached. □ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0461 (enclose an extra copy of this form). 					
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
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Typed or printed name Mario A. Costantino

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